PTO/SB/17 (10-08)

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Effective on 12/08/2004.					Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/59			,681			
FEE TRANSMITTAL					Filing Date		08/25/20	06			
For FY 2009					First Named Inv	entor/	Grafl et al				
Applicant claims small entity status. See 27 CER 1 27					Examiner Name Siddique			e, M			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 1726						
TOTAL AMOUNT OF PAYMENT (\$)					Attorney Docke	y Docket No. 1-17860					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 13-1816 Deposit Account Name: Marshall & Melhorn											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Compared and different for (a) and an arrange of for (a)											
Unarge any additional ree(s) or underpayments of ree(s) Underpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	F	FILING FEES Small Entity		SEAF	RCH FEES	EXAMINATI					
Application 1	Гуре <u>F</u>	ee (\$)		Fee (\$	Small Entity Fee (\$)	Fee		Entity ∋ (\$)	<u>Fee</u>	es Paid (\$)	
Utility	3	330	165	540	270	22	0 11	.0			
Design	2	220	110	100	50	14	0 7	0	-		
Plant		220	110	330	165	17	0 8	35			
Reissue		330	165	540	270	65	0 32	25			
Provisional		220	110	0	0		0	0			
2. EXCESS CLAIM FEES Small Entity											
<u>Fee Description</u> Each claim over 20 (including Reissues)									<u>Fee (</u> 26		
Each independent claim over 3 (including Reissues)									110		
Multiple dependent claims								220 390	195		
					<u>e Paid (\$)</u>			Multiple Dependent Claims			
		2		=	104			Fee (\$)	Fee	Paid (\$)	
			r, if greater than 20.	For	a Paid (\$)			_			
	Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = x =										
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets											
	100 =		/ 50 =		(round up to a	wnole n	umber) x		=		
	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$										
	idic ming su	ii ciiai ge,	· o monun extensio	ı or tin	ne = \$1110					\$1214	
SUBMITTED BY					Posistration No			T			
Signature	nature /s/Stephen Evans					Registration No. (Attorney/Agent) 47,281			Telephone 419-249-7100		
Name (Print/Type)	ame (Print/Type) Stenhen Evans							Date Ar	oril 25, 201	11	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.